

IUVDT—South-east Asian and Western Pacific regional conference

Report of the Second Regional Conference of the South-east Asian and Western Pacific Branch of the IUVDT held in Christchurch, New Zealand, 23-26 October 1981

The Second Regional Conference of the South-east Asian and Western Pacific Branch of the International Union against the Venereal Diseases and Treponematoses (IUVDT) took place in Christchurch, New Zealand, from 23 to 26 October 1981. Originally it had been planned to be held in Australia but for a variety of reasons this was not possible. As a result Dr W M Platts and his colleagues in Christchurch, who are interested in the sexually transmitted diseases, agreed to arrange the meeting in New Zealand.

The conference organising committee was headed by its co-ordinator, Dr M A Brieseman, who was ably supported by the secretary, Mrs S Wilson. The South-east Asian and Western Pacific Branch of the IUVDT was represented by its chairman, Dr P Vejjabul (Thailand), the vice-chairman, Dr C N Sowmini (Madras, India), the executive secretary, Dr V S Rajan (Singapore), and members of the branch committee. The IUVDT was represented by its president, Dr R D Catterall (London).

Eighty-two delegates took part in the meetings, the strongest contingents being from New Zealand, Australia, and Indonesia. In addition, there were representatives from India, Thailand, Singapore, the United States, and the United Kingdom. The scientific sessions were held in the large lecture theatre of the clinical school of Christchurch Hospital, and the delegates were welcomed by Mr H G Hay, the mayor of Christchurch, Professor F T Shannon, the acting dean, Dr W M Platts, the president of the New Zealand Venereology Society, and Dr V S Rajan (Singapore) for Dr P Vejjabul, the chairman of the Branch. Dr R D Catterall, the president of the IUVDT, gave a brief outline of the history and aims of the Union, and the conference was officially opened by the Honourable G Gair, the

minister of health of New Zealand. Dr R C Begg, deputy director of the Division of Public Health, proposed a vote of thanks to the minister.

Penicillinase-producing gonococci

On the first day there was a review of the global problem of the sexually transmitted diseases by the president, Dr R D Catterall, and an analysis of the situation of antibiotic resistance, with special reference to penicillinase-producing *Neisseria gonorrhoeae* (PPNG) by Dr P Wiesner (Center for Disease Control, Atlanta). Since 1979 there had been a dramatic 241% increase in reported infections due to PPNG in the United States. Recently, PPNG isolates had shown increasing resistance to tetracycline, cefoxitin, sulphonamides, and trimethoprim. Most strains were of Far Eastern origin but were now endemic in the USA. In an attempt to prevent the spread of these strains a strong case was made for testing all gonococcal isolates for penicillinase production.

Cases of infection with penicillinase-producing *N gonorrhoeae* were reported from Indonesia, particularly from Jakarta and Surabaya. Alternative drugs to penicillin, such as spectinomycin, were too expensive, and cefuroxime and cefoxitin were not yet available in Indonesia. In a small number of patients, however, good results had been obtained with a single intramuscular injection of 2 g kanamycin, a single oral dose of 300 mg rosoxacin, or 3 g thiamphenicol.

An evaluation of the in-vitro and in-vivo efficacy of the cephalosporin antibiotics against PPNG was presented by Dr W O Harrison and his colleagues (Naval Regional Medical Center, San Diego, California). In a small series cefoxitin and ceftizoxime followed by cefonicid and cefotaxime gave the best results. Side effects, including pain at the injection sites, made it essential to mix both cefoxitin and cefonicid with lignocaine.

A total of 20 cases of ophthalmia neonatorum caused by PPNG were

reported from Middle Road Hospital, Singapore, by Dr T Thirumoorthy. Treatment with kanamycin eye drops had produced satisfactory results in all cases. Dr V S Rajan described the steady increase in the number of penicillinase-producing strains in South-east Asia; in most large centres between 30% and 50% of the strains produced β -lactamase. Many of the second and third generations of cephalosporins had given good results; both cefuroxime and ceftriaxone given in a dose of 500 mg with 1 g probenecid produced excellent cure rates. Treatment with rosoxacin, however, had been disappointing in Singapore.

Dr J W Tapsall (Randwick, Australia) made a plea for standardisation of gonococcal sensitivity testing. The experience of the Australian Gonococcal Surveillance Service from 1979 to 1981 had shown that the variation in results from different laboratories was the result of the widely different techniques used. Since uniformity of method had been achieved in laboratories in Australia with a particular interest in STD both inter-laboratory and intra-laboratory variation had been eliminated. The recommended laboratory methods were described in detail.

The use of cefuroxime in the treatment of patients with infections due to PPNG was described by Dr N Polnikorn. Forty-eight per cent of all the strains isolated at Ramathibodi Hospital, Bangkok, produced β -lactamase. Serum concentrations of cefuroxime were measured in patients receiving 0.75 g intramuscularly 15 minutes after 1 g probenecid orally and in those receiving 1.5 g cefuroxime preceded by probenecid. The results of treatment were notably better with the higher dosage.

A detailed study of the sensitivities of non-PPNG and PPNG strains isolated in Bangkok to penicillin, thiamphenicol, kanamycin, cefoxitin, and spectinomycin was reported by Dr K Panikabutra from the Bangkok Hospital. The current prevalence of PPNG strains in Bangkok was about 43%. The results of the trial showed that spectinomycin, kanamycin, cefoxitin, and

Address for reprints: Dr R D Catterall, James Pringle House, Middlesex Hospital Medical School, London W1A 8AA

thiamphenicol were effective alternatives to penicillin in the treatment of urethritis due to both PPNG and non-PPNG strains. Thus, thiamphenicol might be the treatment of choice for gonorrhoea in developing countries.

Papers by Dr J S W Frew (Auckland, New Zealand) on gonorrhoea and non-gonococcal urethritis in merchant seamen, by Dr J J Judonarso (Doctor Cipto Mangunkusumo General Hospital, Jakarta) on the incidence of the various sexually transmitted diseases in Jakarta, and by Dr B T Lau (Kuala Lumpur, Malaysia) suggesting that there had been an increase in diagnosed cases of syphilis since kanamycin had been widely used in the treatment of gonorrhoea in Malaysia, were followed by a lively discussion. Anxiety was expressed about the rapid increase in PPNG strains throughout the world. It was generally believed that not enough was being done to monitor the incidence of these strains. There did not appear to be a consistent national and regional policy on treatment, contact tracing, and surveillance, nor did the World Health Organisation seem to be giving clear-cut leadership in an attempt to prevent their further spread throughout the world.

Viral diseases

A session was devoted to the sexually transmitted viral diseases and Dr R D Catterall (London) reviewed the growing problem of these infections and their long-term consequences. A brief review of the viral flora of the human genital tract was given by Dr W Hamilton (National Health Institute, Wellington). Dr Morris Gollow (Perth) described the isolation of various serotypes of adenoviruses from the genital tract, the anorectum, and the conjunctiva. The presence of adenovirus was associated with non-specific urethritis, proctitis, and conjunctivitis. Ocular and genital infections in the form of conjunctivitis and non-specific urethritis were the most frequent findings.

Hepatitis B in a combined dermatovenereological clinic was described by Dr H C M Stringer (Otago University, Dunedin) with special reference to patients requesting dermabrasion of tattoos. In India Dr Kantharej had found the highest incidence of HBsAg among homosexual men and prostitutes. Dr Goh (Singapore) had been unable to find a high incidence of gonorrhoea in a series of 100 patients with condylomata acuminata in Singapore.

Syphilis

Control of syphilis in developed and developing countries was discussed by Dr F E Willmott (Auckland). Three major factors in the recent increase of the disease in developed countries were the high incidence in homosexual men, failure to recognise the disease, and the increased responsibility for the treatment and control by private practitioners. There were also three different factors responsible for the high incidence of the disease in developing countries, namely the eradication of yaws, and with it the removal of immunity to syphilis, the sudden and rapid sociocultural changes associated with development, and the lack of adequate medical facilities. The patchy nature of skilled and informed medical care for patients with sexually transmitted diseases in the South-east Asian and Western Pacific region was stressed.

Low positivity rates in routine serological tests for syphilis and tests on the cerebrospinal fluid were reported by Dr F D Pien and his colleagues (Straub Clinic, Honolulu). The continuation of the routine use of screening tests for syphilis should depend on the reactivity rates in the population and the cost-benefits of treatment. Patients with reactive serological tests should be fully investigated and, if necessary, treated.

The need for quality control of serological tests for syphilis was stressed by Dr D J Merry (Adelaide). An improvement in the accuracy of screening tests was shown by all laboratories which took part in a voluntary proficiency programme. Dr C Ross Philpot (Flinders Medical Centre, South Australia) had measured serum erythromycin concentrations in healthy volunteers after ingestion of 250 mg of base equivalent four times daily. Ingestion of food reduced and delayed the maximum serum concentration but the regimen produced serum erythromycin concentrations appropriate for the treatment of superficial infections. Nevertheless, maximum serum concentrations suitable for deeper infections and those caused by less sensitive organisms required a larger dose of at least 500 mg of base equivalent.

Other papers

Contact tracing was discussed by Mr G M Ineson (Wellington) and Ms Jo Johnston (Wellington), who described local problems and the introduction of new techniques. A joint interview system where patients were interviewed by both a male and female interviewer at the same time, an improved

record system permitting more detailed evaluation of contact tracing, and the introduction of contact cards or slips had improved the results of contact tracing.

Other papers included an analysis of the use of routine chlamydial cultures by Dr M M Gollow (Perth), a description of four cases of the FitzHugh-Curtis syndrome by Dr J Keane (Hamilton), a rich pictorial presentation of the gynaecological manifestations of sexually transmitted diseases by Dr C N Sowmini (Madras), and a statistical account of the downward trend of gonorrhoea and gonococcal pelvic inflammatory disease in the United States by Dr P J Wiesner (Atlanta).

The polymicrobial aetiology of genital ulceration was stressed by Dr V S Rajan (Singapore) and the value of the routine cultures for cervical cytomegalovirus discussed by Dr F E Willmott (Auckland). Dr J R L Forsyth demonstrated the superiority of permanent stains, using either trichrome or chlorazole black, over direct wet mounts in the detection of protozoa in faeces from homosexual men and pointed out that chlorazol black was very suitable for occasional use, particularly in clinics for sexually transmitted diseases.

Finally, Dr V S Rajan (Singapore) reported that prostitutes who treated themselves with penicillin had a lower incidence of cervical and rectal gonorrhoea but a higher number of PPNG infections than those who took non-penicillin antibiotics prophylactically.

Business and social functions

Meetings of the South-east Asian Branch of the IUVD, the New Zealand Venereology Society, and the Australia National Venereology Council were held during the conference and were attended by the President of the IUVD, Dr R D Catterall (London).

There was a lively social programme for the ladies and a cocktail party and a conference dinner for all those attending the meeting. During an afterdinner speech, Dr R D Catterall pointed out that this very successful meeting would never have taken place without the determination of Dr W M Platts, the organising skills of Dr M A Brieseman, and the attention to detail of Mrs S Wilson.

It was announced that the next meeting of the South-east Asian and Western Pacific Branch of the IUVD would be held in Bangkok, Thailand, from 24 to 26 June 1983.

*R D Catterall
(President, IUVD)*